



**Kansas State Board of Pharmacy**  
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**Toll Free: 888-RXBOARD**  
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## **APPLICATION FOR EVALUATION OF CONTINUING EDUCATION** **INDIVIDUAL REQUEST**

**NOTE:** All programs to be evaluated must be submitted in their entirety including but not limited to a sample of program announcement and promotional information. Materials must be submitted at least **30 days** in advance of the program. All materials received for evaluation will be retained by the Board and will not be returned.

1. Name and address of individual requesting approval: \_\_\_\_\_  
\_\_\_\_\_
2. Title of program: \_\_\_\_\_
3. Date of program: \_\_\_\_\_ 4. Time: \_\_\_\_\_
5. Program location: \_\_\_\_\_
6. Name of sponsor: \_\_\_\_\_
7. Estimated CE contact time: \_\_\_\_\_
8. Program Objectives \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
9. Type of seminar (i.e. Live, Correspondence, On-line): \_\_\_\_\_

**CE Sponsors must provide a certificate of attendance/completion. You must also keep a copy of this evaluation form once it has been approved for your records. If you are audited you will need to provide the certificate of attendance or completion along with this approval.**

### **FOR BOARD USE ONLY:**

\_\_\_\_\_ This program has been evaluated and is approved for \_\_\_\_\_ hours of CE credit for five (5) years from the date of evaluation.

\_\_\_\_\_ This program has been evaluated and is denied for CE credit for the following reason(s):  
\_\_\_\_\_

**Date of approval/denial:** \_\_\_\_\_